UCSF Medsounds

Newsbreak

Weekly News for the UCSF Community VOL. 12, NO. 23 SEPTEMBER 9, 1997

Karen Preuss

Lisa Nerenberg, director of the San Francisco Consortium for Elder Abuse Prevention at the UCSF-affiliated Goldman Institute on Aging, sits in the recently opened apartment to shelter abused older women in San Francisco.

Elder abuse victims find shelter in San Francisco

By DALE MARTIN

Older women who face domestic violence now can escape their abusers with the opening of San Francisco's first shelter for elderly battered women who also get a new support group.

Both programs are spearheaded by the San Francisco Consortium for Elder Abuse Prevention at the UCSF-affiliated Goldman Institute on Aging and are sponsored jointly by the Consortium and the San Francisco Department of Human Services.

San Francisco now joins a handful of cities nationwide that are leading the way in providing services to older battered women.

"I am proud we've been able to obtain these services. They represent a breakthrough in addressing an issue that has been neglected," says Del Martin, author of "Battered Wives" and a member of the advisory committee to the Consortium project.

The shelter, a well-furnished apartment, represents an effort to provide new ways to reach women who have long fallen through the cracks of many social service agencies. The shelter can provide temporary housing for two women at a time.

As with the case of other shelters for abuse victims, the location of the new shelter is confidential. Clients will receive legal aid, social services and housing assistance if needed, during their stay.

The support group provides an opportunity to share experiences with others in the same circumstances and to gain courage and moral support from those who have ended their victimization.

The Consortium is also developing a training program for professionals from the fields of domestic violence and aging that will focus on the special needs of elderly battered women.

"To address this problem effectively, we need to approach it from all angles. We need to provide professionals with the skills they need to identify the problem, support to those who are too frightened or demoralized to ask for help, and refuge for those who are vulnerable," says Lisa Nerenberg, director of the Consortium.

Noting the special issues involving elderly battered women, Martin recalls meeting a woman who, after a happy marriage, had been widowed and later remarried, forfeiting any entitlement to a pension from her late husband. The woman was shocked to discover her second husband was a batterer. Worse still, she felt she had to stay in the relationship because she had become economically dependent on him. The woman was finally able to get some help, but the memory of the encounter haunted Martin for some time afterward.

"For me, that was unfinished business of the women's movement," Martin says.

Although domestic violence has been recognized as a national problem for many years, issues regarding elder abuse have only recently come into focus, according to Nerenberg.

A report released in June by the Consortium emphasized that domestic violence does not stop in old age. In fact, some experts maintain that domestic violence is exacerbated by age-related conditions of circumstances, including retirement, failing health, financial pressures and changing patterns of dependency in relationships.

"We tend to think that by the time a woman reaches old age, she would have gotten out of an abusive situation or resigned herself to it. But we're finding that many women reach the point late in life when they've had enough and realize that things are never going to change," Nerenberg says.

The report also noted that service providers in the field of domestic violence often lack experience and skills in working with elderly clients. Similarly, service providers in the field of elder

(See **Shelter** on page 2)

Dental workers under report potential exposures to diseases

By SUZANNE LEIGH

A team of San Francisco scientists who investigated the frequency of exposure to HIV and hepatitis among dental workers, after tracking more than one million patient visits, reports that the risk of contracting these diseases is lower than previous studies, but many potential exposures go unreported.

Researchers at UCSF and University of the Pacific Dental School investigated the incidence of dental workers' accidental exposure to patients' blood and body fluids from October 1989 to December 1994. The study — the largest, most detailed study of its kind — was headed by Francisco Ramos-Gomez, UCSF assistant professor of dentistry in the division of pediatric dentistry.

None of the dental workers who had been exposed to patients' blood and body fluids became infected with HIV or hepatitis B or C, but earlier studies by other scientists have found cases where dental workers contracted HIV and hepatitis from their patients. The study suggests that one explanation for this is the superior awareness and prevention programs at the San Francisco teaching clinics.

They found that procedures such as injecting local anesthetics, filling cavities, and removing plaque are the most likely to cause injury. But the frequency of injuries in this survey was found to be lower than that of a smaller study by J.L. Cleveland and colleagues.

According to Ramos-Gomez, the most disturbing finding of the new study was the high incidence of under-reporting of potential exposures, which became evident by the results of the team's follow-up survey. Among 146 returned questionnaires, 31 dental workers indicated they had been exposed to patients' blood or body fluids. But contrary to University policy just seven of the 31 workers had reported the incident. This meant dental workers did not receive exposure assessment, HIV and hepatitis testing as well as treatment with antiretrovirals and protease inhibitors.

The most common reason given for not reporting the potential exposure was that the dental worker did not consider it a danger. "But what is perceived as high-risk to one person, may be perceived as being an infinitesimal risk to another,"

(See **Dental safety** on page 2)

State audit confirms fiscal rationale of UCSF Stanford merger

By BILL GORDON

A report released Sept. 3 by the State Auditor's office finds the planned merger of hospitals and clinics at UCSF and Stanford University an "understandable response to the changing health care services market" and estimates that the merger will result in a $120 million benefit to the combined organization over a four-year period.

In a response to the State Auditor's report to the Joint Legislative Audit Committee, UCSF called the report thorough and noted that the University agrees with the overall findings of the analysis. UC President Richard C. Atkinson, in a separate letter, also thanked State Auditor Kurt Sjoberg and his staff for their "hard work and professional approach."

Atkinson compared the State Auditor's analysis to two previous in-depth reviews of the proposal to merge the universities' medical centers and clinics into a new public benefit corporation known as UCSF Stanford Health Care. Previous reviews were conducted by the Ernst & Young accounting firm and by an independent review team led by San Francisco investment banker Warren Hellman.

"Although all three review teams took a slightly different approach, ranging from aggressive to conservative, the findings all support the merger and the underlying premise that this is a merger of equals that will implement a proactive, strategic initiative designed to address the longer-run threats facing UCSF and Stanford," Atkinson wrote.

Peter Van Etten, chief executive officer of UCSF Stanford Health Care, also noted that the key findings of all the reviews provide strong support for the merger.

"It is gratifying to once again have con-

(See **Audit** on page 3)

Faculty to discuss creation of oversight group

At a special meeting this afternoon the UCSF Academic Senate is expected to discuss the election process for faculty representatives to the UCSF Stanford Health Care board of directors and how faculty can monitor the merged medical center's support of the academic mission.

The meeting is scheduled from 3 to 5 p.m. today in Cole Hall.

The first discussion item on the agenda is how to elect the next faculty representative to the board of the merged medical center. Lee Goldman, chair of the department of medicine, currently holds that position. Chancellor Haile Debas created an ad hoc committee chaired by Neal Cohen, vice chair of the department of anesthesia, to recommend a process for electing future representatives to that position. During the second part of the meeting, faculty will discuss issues raised in a draft report of the combined medical schools' academic senates of UCSF and Stanford. In that proposal, call for the creation of a strategic inter-campus alliance group or ICAG to represent the faculty of both campuses and to advise leaders of UCSF Stanford Health Care about the institutions' academic priorities and the impact that new organization could make on meeting those priorities.

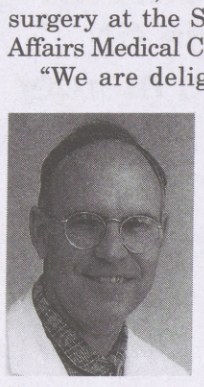
Faculty propose that the appoint-

(See **Senate** on page 3)

VAMC names Norton chief of surgery

Jeff Norton, a nationally recognized leader in cancer and endocrine surgery and research, has been appointed chief of surgery at the San Francisco Veterans Affairs Medical Center.

"We are delighted to welcome Jeff Norton as our chief of surgery," said chief of staff C. Diana Nicoll. "He has earned national recognition for his superb clinical skills, outstanding research and impressive administrative ability." As chief of surgery, Norton will oversee the activities of 60 surgeons and attending physicians, the training of surgical residents and medical students, and the recruitment of surgical staff. In addition, he will head the newly created Laboratory of Biological Therapy.


Norton

"I am enthusiastic about my new role at the San Francisco VA Medical Center," said Norton. "As head of surgery, I will have the opportunity to interact with patients on many different levels, helping them to evaluate their treatment options and make the best decision for their particular situation. I also look forward to building a premier endocrine and oncologic surgery center to serve veterans throughout Northern California."

Norton also holds an appointment at UCSF, where he is professor of surgery, as well as vice chair of the department of surgery, where he will also see patients.

His current area of research is focused on developing novel cancer treatments employing the body's own immune system to attack tumors.

Norton joins the VAMC from the Washington University School of Medicine, where he was most recently associate director of the school's Comprehensive Cancer Center, chief of endocrine and oncologic surgery, and professor of surgery. Prior to that, he was senior investigator in the surgery branch at the National Cancer Institute in Bethesda, Maryland. At NCI, Norton was also head of the surgical metabolism section.

Specializing in thyroid cancer and reoperations for primary hyperparathyroidism cases, Norton is widely considered to be one of the foremost experts in the field and has treated patients from around the world.

Norton has also had a major interest in benign and malignant tumors of the pancreas. He is well known for his work in Zollinger-Ellison syndrome, a condition associated with severe, life-threatening peptic ulcer disease. Initially, treatment of Zollinger-Ellison syndrome, also known as gastrinoma, involved the complete removal of the stomach. In a major leap forward, Norton pioneered the current methods of locating and removing just the pancreatic or duodenal tumor responsible for the syndrome, while leaving the stomach intact and functional.

While at Washington University in St. Louis, Norton developed innovative new treatments for pancreatic cancer, a tumor that is known to cause 20,000 deaths a year in the US. He hopes to continue these trials at the VAMC and UCSF.

In addition to his trailblazing roles in surgery and research, Norton has published hundreds of papers in medical journals and co-authored several chapters in medical text books. He serves on the editorial boards of nearly a dozen journals, including Cancer Research, Annals of Surgery, Surgery, and the Journal of the American College of Surgeons.

The Williamstown, Massachusetts, native received his bachelor's from Dartmouth College and his MD from SUNY Upstate Medical College in Syracuse, NY. He completed his surgery residency at Duke University Medical Center. Norton recently relocated to the Bay Area with his wife and their four children.

—James Larkin

Private Support

UCSF is pleased to acknowledge the following listing of gifts/pledges of $25,000 or more from individuals, corporations and foundations received August 17-23, 1997.

$100,000 - $499,999
Burroughs Wellcome Fund
Hewlett Packard Imaging Systems
Howard Hughes Medical Institute
Estate of Rebecca Weiss Maynard

$25,000 - $99,999
California Healthcare Foundation
Ethicon Endo-Surgery
Mr. and Mrs. Roger L. Evans
Fidelity Investments Charitable Gift Fund
Glaxo Wellcome Inc.
Kao Corporation
Pacific Vascular Research Foundation
Southeastern Center for Electrical Engg Education

Dental safety (from page 1)

Ramos-Gomez warns. "There is a post-exposure protocol that is available and everyone should take advantage of it." Ramos-Gomez says it was inevitable that injuries would happen, but he said it is imperative to take steps to prevent the transmission of HIV and hepatitis B and C to dental workers.

"It should be mandatory for every single practice in the country to have its health workers vaccinated against hepatitis B. We also need to be aware of hepatitis C — there is no vaccine for that yet. And we need to know that though the potential for HIV transmission is extremely low, there is a post-exposure protocol that must be followed," he says.

"There are steps we have taken at UCSF and UOP to reduce the likelihood of infections These should be replicated at other dental schools and private practices all over the country."

Published in the September issue of the Journal of the American Dental Association, the survey documents 1.2 million patient visits over 5,587 person-years of clinical care. A total of 428 exposures occurred during the period at three UCSF clinics and one

Depression classes for seniors

Depression is not a common part of aging, but older adults are less likely to seek help for the problem when it does occur.

"Many older adults assume their 'blah' mood is normal," says Patricia Areán, UCSF assistant professor of psychology. "But there are steps that older adults can take when they do find themselves feeling blue or having trouble coping with problems."

Areán is the principal investigator in a UCSF study designed to help seniors cope with problems in late life. The study is part of a project funded by the National Institute of Mental Health.

Through a series of free classes, seniors are taught new ways of coping with everyday problems. The program involves either individual meetings with a case manager or classes on problem-solving once a week for 16 weeks. Meetings and classes take place at San Francisco General Hospital.

In addition, participants can earn up to $110 if they agree to answer questions about the classes that are posed by staff. Free transportation is available for those who need it.

Many older adults face challenges as they enter a new era of life. Loss of friends, financial strains, issues around dementia and dying are some of the problems they face.

Seniors who are experiencing such symptoms as loss of energy, feeling worthless, boredom, headaches, anxiety or tearfulness may benefit from the class series.

For more information, contact Areán at 476-7439 or 476-7067.

Newsbreak file photo

Teacher Debbie Franks and students Liz Caffrey and Summer Shapiro of George Washington High School were contest winners in UCSF's Science and Health Education Partnership with the San Francisco Unified School District last school year.

SEP to kick off decade of outreach

UCSF's Science and Health Education Partnership (SEP) will kick off its 10th year of creating science outreach programs for all San Francisco public school students and teachers with a special ceremony from 4 to 6 p.m., Tuesday, Sept. 23, in Cole Hall.

SEP is an extensive collaboration between UCSF and the San Francisco Unified School District (SFUSD) to support improvement in the quality of science education for all students in the city's public schools. Since 1987, the partnership has worked to provide teachers with access to UCSF's material resources, place UCSF volunteer students and scientists in classrooms, and support SFUSD science programs.

"SEP promotes the understanding of science as a creative discipline, a process and a body of integrated conceptual theories based on natural phenomena," says Liesl Chatman, SEP's executive director. "UCSF volunteers do everything from conducting biotechnology experiments with high school teachers to growing butterflies with kindergartners."

The kick-off will begin with a welcome address and slide show, followed by concurrent workshops about SEP's programs, and it will end with a reception, raffle and supply give-away. SEP programs to be covered in the workshop include:

- MedTeach: UCSF first-year medical students participate in hands-on science activities with middle school students.
- Woman's Triad Project: Now entering its third year, the project teams middle school girls, women teachers, and UCSF women scientists.
- City Science: Popular among SFUSD elementary school teachers, this program is designed to promote hands-on science learning.

AIDS/HIV research funds available

HIV/AIDS research funds are available from the UCSF Center for AIDS Research (CFAR) and the UCSF AIDS Clinical Research Center (ACRC), components of the UCSF AIDS Research Institute (ARI).

The deadline for the next funding cycle is Monday, Oct. 6, 1997.

Applicants can submit studies in basic science, epidemiology, behavioral science, as well as clinical trials. CFAR awards are given to studies that are translational and multidisciplinary in focus, particularly those residing in the intersections between basic and clinical, basic and behavioral, clinical and behavioral or basic, clinical and behavioral science. An illustration of the CFAR research priorities can be found on the CFAR web page at http://sfghaids.ucsf.edu/ucsfcfar.html.

For further information about eligibility and applications please contact Layne Ethington at 476-8857 or by e-mail, stom%layne@ccmail.ucsf.edu. For more information about CFAR Awards, call Susan Murdoch 476-4082 x 133 or by email at smurdoch@sfaids.ucsf.edu.

ACRC also seeks faculty members who would like to be included in its database of peer reviewers for the Pilot Study Program. For more information about the Pilot Study Program, please contact Ethington at the number listed above.

Shelter (from page 1)

abuse have also been ineffective in working with older battered women because their approaches do not address the root causes of such violence.

Sponsored by the Goldman Institute on Aging, the Consortium is a network of 80 public and private agencies throughout San Francisco. Receiving a grant in 1995 from the Department of Health and Human Services' Administration on Aging, the Consortium began exploring new approaches to serving elderly battered women. The new shelter and support group originated from that effort.

In addition to the new services, the Consortium has also published a "blueprint" for improving services to elderly victims of domestic violence. Among those recommendations are:

- Information about domestic violence services need to be made available to isolated, homebound and frail seniors.
- Domestic violence programs, including shelters, need to recruit more older staff, volunteers and board members.
- Older battered women need affordable counseling on legal and financial issues.

For information on services available to older women, call Adult Protective Services at 557-5230 or Senior Information and Referral at 626-1033.

UCSF Newsbreak

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Deadline for the next issue, to cover September 16–22, 1997, will be on **Wednesday, September 10.** Please send news to Lisa Cisneros at 476-3256 (cisnero@itsa.ucsf.edu). (bfoss@itsa.ucsf.edu), and calendar items to Nancy Heller at 476-8810 (nheller@itsa.ucsf.edu), all at Box 0462. Fax last-minute copy to 476-3541. For address and distribution changes, call C.J. Burleson at 476-6791.

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Editor: Lisa Cisneros

Contributors: Paula Murphy, Nancy Heller and the UCSF News Services staff

Copy Editor: Daniel Rowe

Production Assistant: Jane Bennighof

Carol Fox, assistant vice chancellor, Public Affairs

Jeff Miller, director, Public Affairs

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UC Regents to vote on merger next week

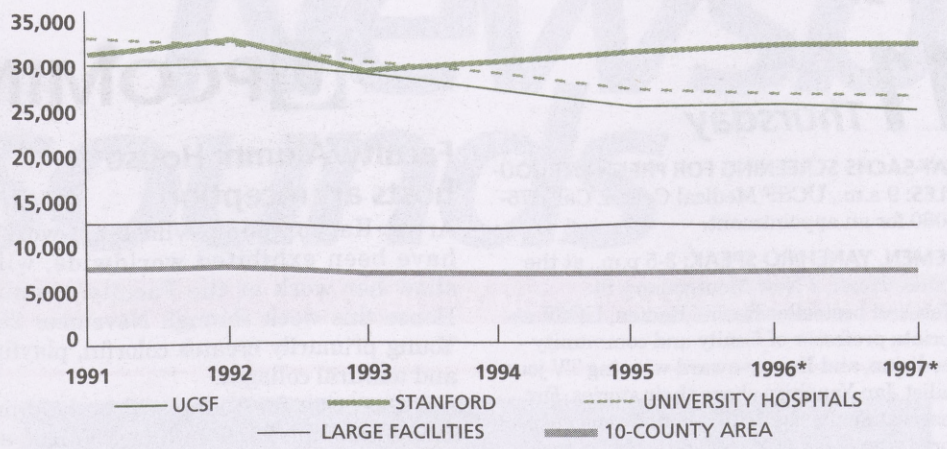
The next significant step in the plan to create UCSF Stanford Health Care will come next week when the UC Regents meet to vote on the merger at Laurel Heights.

UC Regents and Stanford Trustees will review a series of agreements, including plans that outline the facilities involved and clinical activities to be integrated, earmark the specific assets to be transferred to the merged medical center and explain affiliations with the medical schools and other professional schools at UCSF.

Regents also will hear about an agreement reached between UCSF Stanford Health Care and state legislators relating to the new organization's public accountability. The agreement on the bill, authored by Senator John Burton and subsequently signed by Assemblyman Kevin Shelley, Senator Quentin Kopp, Assemblywoman Carole Migden and Assemblyman Lou Papen, satisfies the "public's right to know," while still allowing the organization to compete effectively, officials say.

While the legislation will require the new hospital to hold open meetings and to make records public, collective bargaining or other contract negotiations, sale of property, pending lawsuits and the terms of health care contracts will remain private to preserve the organization's ability to remain competitive in the health care marketplace.

Comparison of average annual discharges: 1991–1997



NOTE: *1996 and 1997 based on quarterly data
1997 estimated based on three quarters of actual results

Source: California State Auditor, September 1997.

Auditor's report on operating performance

In the California State Auditor's report of UCSF and Stanford health services, analysts compare the operating performance of both institutions. Among the highlights of their findings:

- **Total inpatient days** at UCSF fell 30 percent over 1991 to 1996, while inpatient days at Stanford Health Services (SHS) dropped 7 percent during the same time period. However, inpatient days at Stanford have been essentially unchanged since 1993.
- **Total hospital discharges** at Stanford are expected to exceed total discharges at UCSF by about 23 percent in 1997. The total number of discharges at UCSF has declined 19 percent since 1992, though the rate of decline has slowed since 1994. In contrast to both UCSF and other university hospitals, total discharges at Stanford have increased 12 percent since 1993. As shown in the adjacent chart, after declining in 1992 and 1993, total discharges at all Bay Area hospitals have been relatively flat.
- **Average lengths of stay** (ALOS) — which have generally been declining at Bay Area hospitals since 1993 — were significantly reduced at UCSF though the most recent data suggest that ALOS will increase at UCSF in 1997. Stanford has also shown significant, yet less dramatic, reductions in ALOS. The difference in ALOS between the medical centers is based on patient mix and types of procedures performed.
- **Occupancy rates** on available beds at both UCSF and Stanford have been higher than the average for other facilities in the region, but both have suffered declines. Bay Area hospital rates have dropped from nearly 70 percent in 1991 to 59 percent in 1997. From 1991 to 1996, UCSF's occupancy rate declined by 13 percent, while Stanford's occupancy rate declined just 4 percent.
- **Outpatient visits** at UCSF have increased 24 percent between 1991 and 1995. During these years, Stanford's outpatient visits jumped by 80 percent, growth attributed to the acquisition of an outpatient medical clinic by SHS in 1995.

Senate (from page 1)

ment of this standing committee of core faculty by and from the Academic Senates of both institutions be composed exclusively of non-administrative full-time faculty from both campuses. The ICAG would report to the deans, UCSF Stanford Health Care board, faculty, Academic Senate, and service lines.

Faculty propose that the ICAG be responsible for:

- Developing the means to evaluate the impact of each of the decisions of major funds flow on the academic programs of the two institutions.
- Devising a way to solicit, hear and represent faculty-derived academic programs that should be considered by UCSF Stanford for implementation because of their potential affect on clinical excellence.
- Planning a method to communicate to the faculty of both institutions to help lower any barriers between the faculty and UCSF Stanford leadership.

Faculty also propose that the ICAG launch a systematic study of potential collaborations, including programs in the teaching of health sciences students.

Faculty believe the ICAG also should focus attention on areas of collaborative academic activity in translational research such as bone marrow transplantation, development of vaccines, projects in gene therapy, collaboration in cancer biology, epidemiology, biostatistics, evidence-based practice and the development of clinical research centers. And ICAG should play a role in developing the philosophy for recruitment of faculty with the intention of joining programs in the two institutions and considering the issues involved in joint appointments, faculty say.

Reviewed and approved by both medical school Academic Senates, the report lists priorities and suggests approaches toward defining the relationship between the academic and clinical components of UCSF and Stanford schools of medicine.

Both Academic Senates drafted complementary mission statements that are "totally compatible with the fundamental business plan of UCSF Stanford Health Care," according to the report.

"That is, UCSF Stanford Health Care will be successful in its effort to become the premier supplier of leading clinical care in direct relation to its success in helping the programs flourish in basic discovery, technology transfer and clinical discovery."

Faculty consider the discovery process as the cornerstone of the technologies that become applied to cutting-edge clinical care. The schools' investments in discovery using many basic sciences, whose data creates the drugs, devices and procedures of clinical care in all of its ramifications, become the reason for UCSF and Stanford's distinctive brand of care and reputation for excellence, faculty say. "If the investigative program fails, the ability to supply care, which is distinguished and better than community hospitals and clinics, fails and cannot be made up by the finest of business strategies," the report states.

The discovery process includes work in both basic and clinical sciences that impact medicine, clinical investigation. and clinical care. A sense of cooperation and mutual respect between faculty in basic and clinical research and medical education is integral to effective patient care, faculty say.

"The seeds of that mutual respect and cooperation already exist within and are rapidly developing between the faculties of the Schools," the report states. "With or without the merger, the advantages of collaboration to build academic programs are compelling enough to have already suggested very important new programs that strengthen both the academic and clinical programs of both institutions. This trend must be extended and its application facilitated."

The full draft report is available online at (http://itsa.ucsf.edu/~senate).

Audit (from page 1)

firmed the strategic and financial assumptions underpinning the merger between UCSF Medical Center and Stanford Health Services," Van Etten said. "The State Auditor was extremely thorough in carrying out a mandate to examine the vast amount of detail that has gone into the planning of this merger. The Auditor's office should be commended for its clearly articulated understanding of the intensifying competitive environment that threatens the long-term mission of our two institutions."

Differing financial projections for the merged enterprise offered by the review teams might result, in part, from the varying times when the forecasts were prepared and the resulting changes in market conditions, UCSF officials say.

The State Auditor estimated the net benefit of the merger at $120 million over a four-year period based on the environment of August 1997.

"This benefit is less than either the (May 1996 Ernst & Young) forecast of $236 million or the (November 1996 independent review) projection of $152 million," officials say. "Although it is unfortunate that the State Auditor could not reach the same level of benefit, the projection of a $120 million benefit is significant given the economic challenges facing each organization and the lack of alternative options. Only time will tell which of the three forecasts is most accurate."

The auditor's report calls both medical centers financially sound, but acknowledges that "in order to survive in the long run, they need to enhance their value."

The analysis considered other options for the clinical activities of UCSF and Stanford in responding to the rapidly changing health care marketplace — including sale to a for-profit corporation, vertical integration with an existing health care organization, and further cost cutting measures.

The auditor's report describes the possible sale of the facilities to a for-profit corporation as "inconsistent with the long-term support of the teaching and research missions of the medical school." UCSF officials respond that the same danger to the school's mission could result from a vertical integration with an existing health care organization.

Further cost reductions also could jeopardize the quality of care and historic level of support the clinical programs provide to the UCSF School of Medicine, officials say. Over the past four years, the medical centers at UCSF and Stanford already have cut costs by more than $127 million.

In a comparison of the financial strengths of the partners being joined in the merger, the State Auditor's report also supports the conclusions of the previous financial reviews that Stanford and UCSF will contribute assets of similar value. The auditor's report states that "the two medical centers are approximately financially equal in the merger."

Employees get vacation, comp time options

The University has reached an agreement on accrued vacation and comp time with UCSF Stanford Health Care for UCSF employees who accept employment with the merged medical center.

The agreement allows staff the option to either "cash out" or "roll over" their hours of accrued vacation and/or compensatory time off into the Paid Time Off (PTO) program being offered by the new organization. The options explained below were described in a Sept. 2 letter to UCSF employees.

Employees who receive an offer of employment from UCSF Stanford Health Care will also get a "Time Off Election Form" to exercise the option to either cash out or transfer their vacation time and/or comp time off balances accumulated through Oct. 31, 1997, according to Randy Lopez, assistant vice chancellor of human resources.

Employees may elect to cash out all comp time and at the same time elect to transfer their vacation balance to the PTO program with UCSF Stanford. Employees will not be able to cash out or transfer partial balances to the merged medical center.

Employees must decide on this mater during the job offer and acceptance period set by UCSF Stanford, which is currently projected to be Sept. 20 through Oct. 3, 1997.

Those who do not respond to the "Time Off Election Form" will have their vacation and comp time off balances automatically paid out to them upon separation from UCSF employment.

And while sick leave is not compensable upon separation from University employment, employees who accept employment with UCSF Stanford will have their hours of UCSF accrued sick leave automatically transferred to the merged medical center. One-half of their hours will be placed in their PTO bank and the remaining hours will be placed in an extended sick leave bank for their personal use in accordance to rules established by UCSF Stanford.

For those who are considering retiring within 120 days of separation from UCSF and accepting employment with UCSF Stanford, they must indicate on the "Time Off Election Form" as to whether or not to leave their sick leave hours on account with UCSF in order to have them converted to UCRP retirement service credit. Those who do not respond will have their sick leave balance at UCSF automatically transferred to the new organization. They will then have a zero sick leave balance at UCSF and will not be able to convert the time to UCRP retirement service credit.

Questions regarding vacation, comp time and sick leave should be directed to the UCSF Benefits counseling team hotline number at 502-2407. Questions regarding job offers should be directed to the UCSF Stanford Health Care benefits hotline at 656-4645.

Sept. 9–15, 1997

9 Tuesday

NEW EMPLOYEE ORIENTATION: 8:30-10:30 a.m., S 214. Call Leonard Florendo at 476-1073 to schedule.

TAY-SACHS SCREENING CLINIC FOR PREGNANT COUPLES: 9 a.m., UCSF Medical Center. Call 476-4080 for an appointment.

ACADEMIC SENATE MEETING: 3-5 p.m., Cole Hall. Faculty meet to discuss UCSF Stanford Health Care issues. See story on page 1.

10 Wednesday

NEWSBREAK/MEDSOUNDS DEADLINE FOR NEXT ISSUE

T'AI CHI CH'UAN — YANG STYLE. This introductory class will increase strength, flexibility and balance, while helping you achieve an inner state of attentiveness and relaxation, 11 a.m-noon, MU Fitness Center. Call 476-1115.

BROWN BAG LECTURE: Carol Terwillinger Meyers, author of Weekend Adventures in Northern California and Miles of Smiles, presents *Weekend Adventures in Northern California,* 12:10 p.m., Toland Hall. Learn about Northern California's many beautiful destinations and some tips to plan future trips. Sponsored by Public Service Programs. Call 476-4394.

11 Thursday

TAY-SACHS SCREENING FOR PREGNANT COUPLES: 9 a.m., UCSF Medical Center. Call 476-4080 for an appointment.

REMEN, YANEHIRO SPEAK: 3-5 p.m., at the Palace Hotel, 2 New Montgomery St. National bestseller Rachel Remen, UCSF associate professor of family and community medicine, and Emmy-award winning TV journalist Jan Yanehiro share their stories. For reservations to the UCSF-Foundation sponsored event, call 502-1898.

12 Friday

RADIOLOGY OPEN HOUSE: 1-7 p.m., CL 158. The department of radiology, in conjunction with Agfa Medical, will host an open house demonstration and tour of the picture archiving and communications system (PACS) of the laboratory of radiological informatics. Call 750-6633.

SURGERY CENTER OPEN HOUSE: 4:30 p.m., plaza level of ACC. Campus invited to celebrate 10th anniversary of Surgery Center.

13 Saturday

UCSF BABY FAIR. 9 a.m.-3 p.m., Saunders Court. See story below.

Upcoming Events

Faculty/Alumni House hosts art reception

Artist Karyn Young, whose art works have been exhibited worldwide, will show her work at the Faculty/Alumni House this week through November 26. Young primarily creates colorful, playful and textural collages.

A reception for Young will be held on Thursday, Sept. 25, from 5 to 7:30 p.m. at the Faculty/Alumni House, 745 Parnassus Ave. For more information, call 476-4723.

Skin from A to Z

The UCSF Dermatology faculty will present "The Skin From A to Z" on Saturday and Sunday, Sep. 27 and 28, from 7:45 a.m. to 2 p.m., in the UCSF Laurel Heights auditorium. This course is designed for the non-dermatologist and emphasizes practical office dermatology. Faculty will present the most commonly seen dermatologic problems and give specific suggestions for effective evaluation and treatment. Cost is $275 for advance registration and $150 for physicians. To register, call 476-5808.

Chater to discuss Social Security as a women's issue

The UCSF Women's Resource Center will present a lecture by Shirley S. Chater, former US Commissioner of Social Security Administration, on Tuesday, Sept. 30, from noon to 1 p.m., in N 217.

Since women live longer than men, Social Security has become especially important to women as they age. Chater will discuss the future of the Social Security program and share some of her experiences while in Washington DC as the commissioner of the largest domestic program in government. Admission is free. For more information, call 476-5222.

Same-gender sexual harassment session

Sisco-Smith

The Office of Sexual Harassment Prevention and Resolution headed by Alma Sisco-Smith will present this campuswide session on Wednesday, Oct. 8, from 12 to 1:30 p.m., in HSW 301. This presentation will define same-gender sexual harassment and explain what options are available. For more information, call 476-5186 or visit the website at http://www.oshpr.ucsf.edu.

Family day at Great America

UCSF family day at Paramount's Great America will be held on Saturday, Oct. 18, from 2 to 10 p.m. Enjoy a meal, free shows, and exclusive ride time. Cost is $20 for adults (7 years and up), $15 for UCSF students (ID required, one per student), and $10 for children (3-6 years). Tickets are available at all EMPACT! ticket sites. For more information, call 476-2675.

Visit UCSF's epicenter of new life at fair

By LISA CISNEROS

Some expectant couples may be too consumed by the contractions of labor to notice the finer points of UCSF's epicenter of new life — the Birth Center. But this Saturday, future moms and dads will have an opportunity to check it out under more peaceful circumstances.

Among the extra touches they can expect to see: private birthing suites that feature whirlpool tubs and refrigerators, the state-of-the-art facilities and equipment needed to manage a complex birth and sweeping panoramic views of the city skyline.

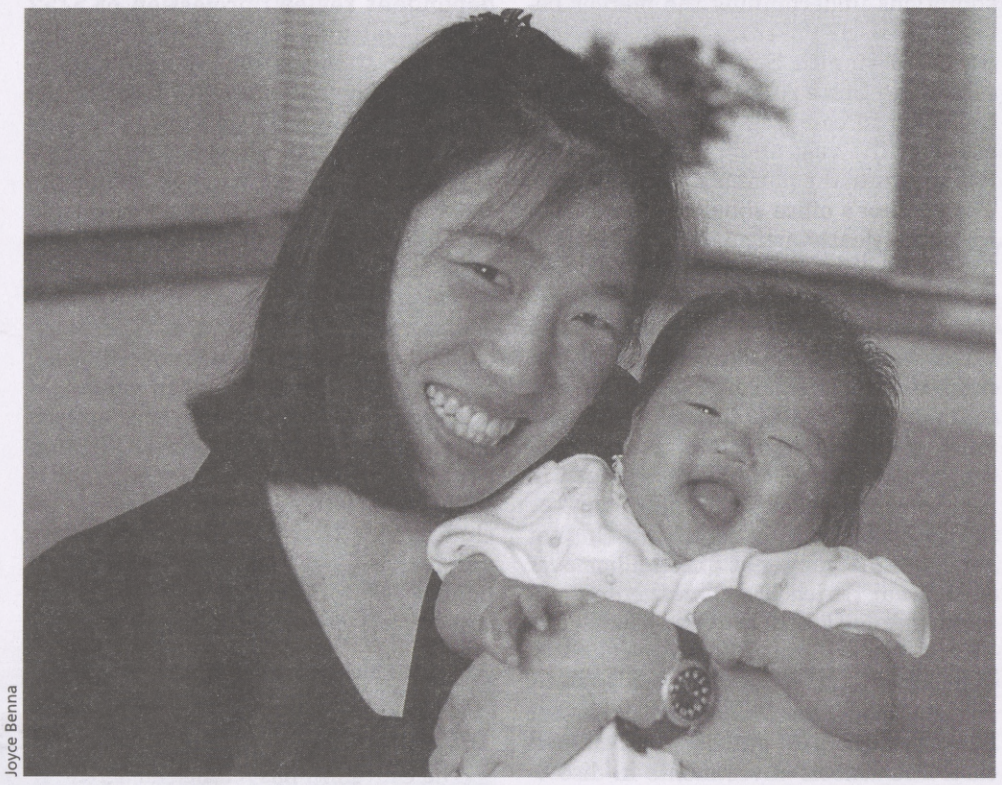
Tours of the unit on Parnassus are part of the UCSF Baby Fair slated for Sept. 13 when UCSF experts will offer advice on family dynamics, how to find quality child care services and balance careers and motherhood. A maternity fashion show is also included in the six-hour program scheduled to take place in Saunders Court.

Delivering about 1,500 babies per year, the health care team on 15-Long is excited about the daily miracles that occur on the unit. "We're with someone at the most important time in their life," says Susan Gorman, an anesthesiologist.

Describing her work comforting and easing the labor pains of mothers as her "dream job," Gorman is one of the anesthesiologists who are available 24 hours a day at the Birth Center.

"It's a happy place," she says. "People are starting new families."

The family planning process actually begins with prenatal care offered by obstetricians, family practice physicians, certified nurse midwives and nurse practitioners at several locations on Parnassus, Mount Zion, Bayspring Women's Medical Group and Daly City. All practices are part of UCSF Women's Health, one of six facilities in the country designated as a National Center of Excellence by the US Department of Health and Human Services.



Joyce Benna

UCSF physician Yvonne Wu and her first-born daughter, Madeline, three months old.

A memorable beginning

Registered nurse Sandra Dagnino vividly recalls the opening of the remodeled Birth Center in 1989 — just days old when the Loma Prieta earthquake shook San Francisco and beyond. "The mothers were scared," she says of the temblor. "A few women who were in the Mexico City earthquake started heading for the elevators."

Nurses who staff the front desk like Dagnino keep an eye out for the elevators and staircases because patient security is a high priority. Four television monitors repeatedly flash all exits on the floor. Medical Center security measures also include regular drills to keep all staff on their toes for potential baby snatching.

But healthy infants need not leave their mother's side since the Birth Center offers parents the chance to experience labor, delivery and recovery all in the same private room. In fact, mothers are encouraged to keep their newborns with them, especially those who are breast fed. Newborns can also be cared for in the well-baby nursery located nearby.

For most families who experience uncomplicated births, a nurse is assigned to take care of both mom and baby throughout the stay. Beginning this month, two lactation specialists will be regular educators at the Birth Center to provide consultation and support to breastfeeding mothers on the floor as well as when they go home.

"As a physician, I know how hard nursing can be, but I was still unprepared for my own difficulty with it. The lactation education I received from the nurses was great and made a huge difference," says Yvonne Wu, a UCSF physician who gave birth to her daughter, Madeline, at the Birth Center.

Education is a well-emphasized component of the women's health program at UCSF. The Great Expectations Women's Health Resource Center and Library offers more than 2,000 books, a film series and regular workshops on all aspects of women's health. All discharged Birth Center patients also receive a postpartum home visit from a home health nurse as well.

When a baby must be delivered surgically, mothers are wheeled into the adjacent obstetrical operating suite. Babies needing special medical attention are cared for in the intensive care nursery, also located on the same floor as the Birth Center. To learn more about the Birth Center or to get a tour, call 476-6667.

UCSF Baby Fair

UCSF Women's Health, in association with San Francisco/Peninsula Parent, will sponsor a Baby Fair on Saturday, Sept. 13, from 9 a.m. to 3 p.m., in Saunders Court on the Parnassus campus. Call 476-0668 for more information.

Kuo out of hospital but not out of hope

Alan Kuo, the UCSF postdoc battling leukemia, is happy to be home after a month-long hospital stay. "I'm feeling good," said Kuo, who was released from the Medical Center last Wednesday.

Kuo

Kuo, who needs a bone marrow transplant to survive, is awaiting results from numerous donor drives held around the world to find a match. "In excess of 5,000 Asians have registered to donate," said Kuo. "I'm inspired by that. It's a wonderful thing. It will take time to know if anyone matches me."

Kuo remains in good spirits although he concedes his luck may be running out. "The odds of a match are not good," he said.

Although Kuo's cancer is temporarily in remission, the chance of relapse is high within the next month, he says. "It's sort of a race against time in terms of identifying among these incredible people who may be a match," Kuo said. "That's my challenge right now."

The recent donor drive at UCSF was so successful potential donors had to be turned away. Kuo said another drive is scheduled at UCSF and another drive will be held next week at UC Berkeley, which Kuo hopes to attend.

He credits his family, friends and UCSF staff not only with publicizing his plight, but also with saving his life. "They basically staved off death from this cancer for hopefully another couple months," Kuo said. "I have UCSF staff and my doctor Hope Rugo to thank for that. I love them very much. I can't thank them enough for helping in the hardest battle I've ever fought."

For more information about donor drives, visit the Asian American Donor Program website or call 1-800-59-DONOR.

—Paula Murphy